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## FISCAL IMPACT REPORT

SPONSOR: Harrison DATE TYPED: 2/25/03 HB 577

SHORT TITLE: Native American HIV & AIDS Services SB \_\_\_\_\_

ANALYST: Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
	\$279.0			Recurring	GF

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to: SB 49, HB 485, HB 144

### SOURCES OF INFORMATION

#### Responses Received From

Department of Health (DOH)  
 Health Policy Commission (HPC)  
 Office of Indian Affairs (OIA)

### SUMMARY

#### Synopsis of Bill

House Bill 577 appropriates \$279,000 from general fund to the Department of Health for expenditure in FY 04 for services for Native Americans living with HIV/AIDS.

#### Significant Issues

The issue of providing culturally appropriate and sensitive comprehensive medical services to Native Americans with HIV/AIDS is being addressed by the Department of Health through a system of Health Management Alliances (HMAs). The Department of Health has established managed care contracts with four regional HIV/AIDS HMAs to provide HIV/AIDS specialty case management, direct outpatient medical care services, HIV/AIDS medications, practical and emotional support services, housing assistance, mental health care, food bank support, and home health care. A Native American specific HMA located in Albuquerque was established in 2000,

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with a mission to provide culturally sensitive comprehensive care to New Mexican Native Americans living with HIV/AIDS.

The Department of Health, Office of Epidemiology, HIV Surveillance identifies 108 Native Americans (diagnosed and living) with HIV/AIDS in our state. Currently 87 are being served by the HMA system described above; approximately ten percent (10%) of this number is served by the Native American HMA in Albuquerque. The HMA system provides freedom of choice in the selection of care services; all individuals with HIV/AIDS enrolling in the HMA system may choose to receive care from any one of the five HMA providers.

**FISCAL IMPLICATIONS**

The appropriation of \$279.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY 04 shall revert to the general fund.

The General Appropriations Act provides \$470.0 from the tobacco settlement program fund for HIV/AIDS prevention services.

**ADMINISTRATIVE IMPLICATIONS**

The administrative impact to the Department of Health would be minimal and could be handled with existing staff and the current HMA system.

**RELATIONSHIP**

Relates to:

The General Appropriations Act provides \$470.0 from the tobacco settlement program fund for HIV/AIDS prevention services.

Senate Bill 49 and House Bill 485, which proposes a \$2 million appropriation to the Department of Health for HMA services and HIV prevention.

House Bill 144 appropriates \$470,000 to Department of Health for HIV services and prevention from the Tobacco Settlement Fund. This would maintain the current level of funding from that source.

HB608, appropriates \$200,000 from the General Fund to the Department of Health to fund prevention programs for Native Americans with HIV and AIDS.

**TECHNICAL ISSUES**

In the title of HB 577, "Making an Appropriation to the Department of Health to Fund Services for Native American Victims of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome", the word "victims" could be replaced by the more common usage of "people living with". This also applies to the word "victims" in the body of the bill.

Consideration should be given to broadening the language in the HB 577 to allow some funding to be used on prevention. Enhanced prevention services would serve to slow the epidemic among this population.

### **OTHER SUBSTANTIVE ISSUES**

Existing federal and state funding is significant, but not adequate to provide care and services to all with HIV/AIDS, including Native Americans. As the number of Native Americans with HIV/AIDS increases, the Native American HMA is eligible to negotiate additional funding. The entire HMA system needs additional funding for medications and services. This is due in part to improved treatment technology and drugs. Most individuals with HIV/AIDS are living longer and therefore require ongoing, long-term care.

Increased targeted prevention efforts would lead to the identification of increased numbers of Native American with HIV/AIDS. The appropriation contained in HB 577 could expand the capacity HMAs to serve Native American clients with the full spectrum of care services. The Centers for Disease Control and Prevention (CDC) estimates as many as one third (1/3) of the population living with HIV/AIDS is unaware of their condition. Given the geographic and economic isolation of many Native Americans (a frontier population), and the stigmatization of HIV/AIDS, the barriers to seeking HIV testing are significant. As such, the number of Native Americans living with HIV/AIDS could certainly be higher than reported.

One of these HMAs is First Nations Community Health Services, which provides culturally appropriate and sensitive medical services to Native Americans. First Nations has seen its budget reduced each year for the last 2 years – the funding provided by HB577 would restore their budget and allow the agency to continue serving Native Americans with HIV/AIDS.

The New Mexico Governor's Task Force on HIV/AIDS reported in January 2001 that HIV/AIDS is a serious problem among Native Americans:

- Between 1981 and 2000, a total of 132 Native American HIV/AIDS cases were reported in New Mexico.
- More Native Americans were infected via heterosexual transmission than any other ethnic group in New Mexico.
- A higher percentage of Native American HIV/AIDS adult cases have been female – 18% - compared to other racial groups in New Mexico.
- Many Native Americans living with HIV suffer from poverty, isolation, drug or alcohol addiction, as well as dual-diagnoses with other conditions such as diabetes and hepatitis.

According to the Department of Health:

- As of 12-31-02, the number of Native Americans living with HIV/AIDS is 108, representing 6% of the total number of New Mexicans living with HIV/AIDS.
- Between 1981 and 2002, the cumulative total of Native American HIV/AIDS cases is 157, representing 5% of the total for New Mexican HIV/AIDS cases.

In its September 12, 1996 report, the New Mexico Governor's Task Force on HIV/AIDS reported:

- Native Americans with HIV are vastly under reported.

- Many Native Americans living with HIV disease avoid the healthcare system altogether for:
  - 1) Lack of money.
  - 2) No transportation.
  - 3) Little or no information.
  - 4) Culturally inappropriate and ineffective healing approaches.
  - 5) Concerns of confidentiality.
  - 6) Concerns of discrimination.

First Nations, the Eight Northern Pueblos, and other organizations are working to address these barriers. For example, the Navajo Aids Network (NAN) promotes culturally relevant information in its healthcare practice by providing counseling, confidentiality and traditional beliefs and concepts. ([www.navajoaidsnetwork.org/pservices.htm](http://www.navajoaidsnetwork.org/pservices.htm).)

OAA notes that culturally appropriate and culturally sensitive preventative programs that target not only Native American males, but Native American females, and Native American youth would be of great service in preventing at risk behavior and slowing the spread of HIV/Aids in urban and rural Native American communities in New Mexico.

Drastic new cuts in the Indian Health Service Budget being made as this analysis is written will not allow for HIV/AIDS preventative programs, and much new screening or education is doubtful due to these drastic cuts.

#### **AMENDMENTS**

On Lines 12 and 19, replace “victims of” with “people living with”. On Line 20, after “syndrome” add “and HIV/AIDS prevention services to Native American communities.”

**BD/njw**